

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00143560

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul A Mifsud

Signature of Treasurer

Paul A Mifsud

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 30 / 2014

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014       |                         | 237994.48                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 229285.23               |                                   |
| (c) Total Receipts (from Line 19) .....  | 17781.56                | 60727.91                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 247066.79               | 298722.39                         |
| 7. Total Disbursements (from Line 31) .....  | 1212.00                 | 52867.60                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 245854.79               | 245854.79                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 04 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4703.89

19927.56

(ii) Unitemized .....

13077.67

40800.35

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

17781.56

60727.91

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

17781.56

60727.91

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

17781.56

60727.91

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

17781.56

60727.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 1212.00                       | 32117.60                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 1212.00                       | 32117.60                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 20750.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 1212.00                       | 52867.60                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1212.00                       | 52867.60                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 17781.56                      | 60727.91                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 17781.56                      | 60727.91                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 1212.00                       | 32117.60                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 1212.00                       | 32117.60                          |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Carolyn Breeding**

Mailing Address 229 Churchill Dr

City  
Richmond

State  
KY

Zip Code  
40475-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dietary Consultants, Inc.

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 04 / 2014

**Transaction ID : A1C482B2F28404255A99**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. Constance Locher-Bussard**

Mailing Address 28 Pinehurst Dr

City  
Springfield

State  
IL

Zip Code  
62704-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Freelance Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 10 / 2014

**Transaction ID : AD5B2656D6C844FC692B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Dr. Carla S Honselman**

Mailing Address 317 E 1700th Rd

City  
Casey

State  
IL

Zip Code  
62420-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Illinois University

Occupation  
Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2014

**Transaction ID : A5692DDE05F4E42C4A16**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Carla S Honselman**

Mailing Address 317 E 1700th Rd

City

Casey

State

IL

Zip Code

62420-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Illinois University

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

**Transaction ID : A26655608BEDA4B1CBD6**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ms. Gita B Patel**

Mailing Address 7 Partridge Rd

City

Etna

State

NH

Zip Code

03750-4400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/a @ Present

Occupation

Nutrition Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

**Transaction ID : AF466D89396674F20A9F**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. Ms. Susan A Quimby**

Mailing Address 3 Hyde St

City

Portland

State

ME

Zip Code

04103-1747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nutrition Works, LLC

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2014

**Transaction ID : AE5BB85A8FEC54063AB3**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nancy V Backeberg**

Mailing Address PO Box 96

City

Pecatonica

State

IL

Zip Code

61063-0096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Memorial Hospita

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 24 / 2014

**Transaction ID : ABA929DBBF98E4B24811**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Marsha K Schofield**

Mailing Address 4186 Cheval Cir  
Ste 2000

City

Stow

State

OH

Zip Code

44224-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Director, Nutrition Services Coverage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

04 / 24 / 2014

**Transaction ID : A4799991A35044DEFAB4**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Roberta A Cooper-Meyer**

Mailing Address 1208 Knollwood Rd

City

Deerfield

State

IL

Zip Code

60015-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lowell Federal Healthcare Center

Occupation

Clinical Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

04 / 25 / 2014

**Transaction ID : A7316A60FA4974A92AFA**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Teresa A Nece RDN**

Mailing Address 7071 Oak Brook Dr

City

Urbandale

State

IA

Zip Code

50322-4800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Director, Grassroots Advo

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1649.00

Date of Receipt

04 / 25 / 2014

**Transaction ID : A7576BC544CDE453280F**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Elise A Smith**

Mailing Address 159 Woodlands Glen Cir

City

Brandon

State

MS

Zip Code

39047-7117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nutrition Systems Consulting

Occupation

Dietitian

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : A447EC6398D5A4BFE819**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr. Dorothy C Chen-Maynard**

Mailing Address 4951 Mariposa Dr

City

San Bernardino

State

CA

Zip Code

92404-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California State University San Bernar

Occupation

Program Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : AD093AB6BA53247F1947**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1010.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Jeanne Blankenship RDN**

Mailing Address 1713 Fairview Ave

City

Mc Lean

State

VA

Zip Code

22101-4709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

VP, Policy Initiatives & Advocacy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

04 / 30 / 2014

**Transaction ID : A137724E79CD0445EBD0**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ms. Trisha Fuhrman**

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Malnutrition Antagonists

Occupation

Rd

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.89

Date of Receipt

04 / 30 / 2014

**Transaction ID : A6421001E5DA4431CABA**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Ms. Trisha Fuhrman**

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Malnutrition Antagonists

Occupation

Rd

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.89

Date of Receipt

04 / 30 / 2014

**Transaction ID : A499A0950F23F49DB896**

Amount of Each Receipt this Period

103.89

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

293.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul A Mifsud**

Mailing Address Suite 2000

120 S Riverside Plz

City

Chicago

State

IL

Zip Code

60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : A97F545F82B344ECFAB9**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

4703.89

